00 63 56 - WEATHER DELAY DOCUMENTATION FORM

To: A/E Name A/E Street Address A/E City, State Zip A/E Phone A/E Fax							From: Contractor Name Contractor Address Contractor City, State Zip Contractor Phone Contractor Fax					
PROJE (Name	e and	XXX	XXXXX	XXXXXXX XX XXXXXXX			IFB PRO	JECT N	Ο.	(Leave I	Blank)	
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exterio	or work		ased u								act period or the geo	
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JAN <mark>XX</mark>	FEB XX	MAR XX	APR XX	MAY XX	JUN <mark>XX</mark>	JUL <mark>XX</mark>	AUG XX	SEP XX	OCT XX	NOV XX	DEC XX	
Based on the above data for the geographic location of this Project, the monthly anticipated adverse weather calendar days for MONTH is XX.												
From our Daily Project Reports and Recorded Weather Data, it has been determined that the Project experienced $\frac{XX}{X}$ days of adverse weather resulting in a partial or complete stoppage of work. The total of $\frac{XX}{X}$ days exceeds the normal adverse weather days at this Project site for this month by X days. Therefore we respectfully request that the Contract Time be extended by $\frac{X}{X}$ net days.												
TOTAL	NET DA	YS REQU	JESTED	FOR <u>Mo</u>	nth OF	<u>Year</u>						
TOTAL NET DAYS REQUESTED FOR PROJECT TO DATE:												
TOTAL	NET DA	YS APPR	OVED	BY OWN	IER FOR	PROJE	ECT TO D	ATE: _				

NOTE: The purpose of this form is to document Adverse Weather Days during the course of the Project. It does not relieve the Contractor of his responsibility to complete the Project in a timely manner and as scheduled.